

SINGLE FAMILY RESIDENCE BUILDING PERMIT APPLICATION



PERMIT #: _____

PERMIT FEE: _____

ELBERT COUNTY BUILDING DEPARTMENT
PO BOX 7 - 207 COMANCHE STREET
KIOWA, CO 80117
TELEPHONE: 303-621-3172 FAX: 303-621-3177
INSPECTION LINE: 303-621-3140

Project Address: _____ City: _____ Zip: _____

Subdivision/Project Name: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Fax: _____

Owner Name: _____ Phone: _____

Owner mailing address: _____

City: _____ State: _____ Zip: _____

Contractor email address: _____ Owner email address: _____

TYPE OF WORK YOU WILL BE DOING: _____

THIS SECTION TO BE COMPLETED BY CONTRACTOR:

Model/Plan #: _____ Elevation: _____ Foundation type: _____

Main Living area SF: _____ 2nd Floor SF: _____ Number of Bedrooms: _____

Basement type: _____ Unfinished SF: _____ Finished SF: _____

Number of Decks: _____ Uncovered SF: _____ Covered SF: _____

1. All Homes must be designed to the 2006 I codes with 30 # Design Roof Snow Load 90 MPH wind and exposure C.
2. Foundations to be inspected by an engineer of your choice, with original letters from inspections submitted to the building department by rough frame.
3. Electrical permits and inspections by State of CO Electrical. Rough electrical must be signed off by the state before rough frame. Final electrical before C/O inspection.
4. Original Improvement Survey due in office before any inspections will be performed.
5. Final Driveway must be signed off before C/O.
6. All original paperwork must be in the file before C/O prefer all paperwork be submitted before drywall inspection so your C/O does not get held up.
7. Original Grade Certificate due in office before C/O.

To obtain a state electrical permit call 303-894-2300 or go the State Electrical web site:

www.dora.state.co.us/electrical

I certify that I have read and understand the above: _____

SIGNATURE AND DATE

OFFICE USE ONLY

Sq Ft: DWLF 1st Floor _____ Sq Ft: DWLF 2nd floor _____ Sq Ft: GARF _____

Sq Ft: BSMU _____ Sq Ft: BSMF _____ Sq Ft DECK _____ Sq Ft CDEK _____

Group _____ Division _____ Type _____

Special Notes: _____

BP _____ PR _____ ST _____ FD _____ Use Tax _____

Approved : Month _____ Day _____ Year _____ Expires: Month _____ Day _____ Year _____

Six Month Extension: \$150.00 New Expiration Month: _____ Day _____ Year _____

Building Department Signature and Date

APPLICANT CHECKLIST

TELEPHONE: MAIN LINE; 303-621-3172 – INSPECTION LINE 303-621-3140

YOU MUST HAVE ALL OF THE FOLLOWING OTHERWISE WE WILL NOT ACCEPT YOUR APPLICATION.

All Homes must be designed to the 2006 I codes with 30 # Design Roof Snow Load 90 MPH wind and exposure C. Anything less then will not be accepted under any circumstances.

CHECK LIST:

____ PLANNING AND ZONING SIGN OFF SHEET WITH SIGNATURES

____ 2 SETS OF BLUE PRINTS CONSISTING OF THE FOLLOWING:

◆ Structural design by Engineer or Architect (*Wet Stamped*) **

- ◆ Floor plan **for all floors including the basement**, (room sizes and use, window & door location & sizes, plumbing, attic access, location of furnace and water heater/boiler as applicable)
- ◆ **Basement plan needs to show window sizes & locations, door locations, walkout location as applicable and any finished area.**
- ◆ Heating type and location of the furnace and water heater, boiler whatever is applicable.
- ◆ Elevations *ALL* sides
- ◆ Section of construction including stairs, ceiling height, fireplace, masonry, floor joist layout and span, roof rafter/truss design and any special items.
- ◆ Total square footage of all levels
- ◆ scale (example 1/4 inch = 1 foot)

____ ONE ENGINEERED FOUNDATION DESIGN (**Wet Stamped**) CONSISTING OF:

- ◆ Size of footings and steel if required.
- ◆ size of wall and steel if required
- ◆ Caisson size and depth and steel if required
- ◆ Beams: type and size
- ◆ Sectional

____ ONE PERC TEST BY A CO. LICENSED ENGINEER **STAMPED AND SIGNED.**

____ ONE SOILS TEST BY A CO. LICENSED ENGINEER **STAMPED AND SIGNED.**

____ NAME OF SEPTIC INSTALLER **AND** THEIR ELBERT COUNTY CONTRACTOR #.

1. *Once a permit is obtained all inspection requests, correspondence etc. must be referenced by permit number otherwise; it will not be processed.*
2. *Separate State Electrical Permit Required*
3. *Improvement Survey's are required for houses built on properties less than 60 acres.*

** For load bearing beams, floor system, headers and columns, design of balloon walls, deck joists, beam posts, piers and attachments.

SEPTIC PERMIT APPLICATION



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PERMIT FEE:\$ _____

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Project Address: _____ City: _____ Zip: _____

Subdivision/Project Name: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Fax: _____

Owner Name: _____ Phone: _____

Owner mailing address: _____

City: _____ State: _____ Zip: _____

Email Address Contractor : _____

Number of Bedrooms: _____ New System: _____ Tank Only: _____ Field Only: _____

1. Any person installing septic systems in Elbert County **MUST** be licensed.
2. Percolation minutes under 5 and over 60 or with bedrock, sandstone, clay etc. 6' or less an engineered field is required (or as stipulated by the Building Official).
3. Tank size 3 bedrooms = 1000 gallon minimum tank. Add 250 gallons per additional bedrooms.
4. Minimum field size 1000 square feet.
5. Septic As-built map required for all new tanks, fields or complete systems. Maps must be drawn to scale with a north arrow indicated.

I certify that I have read and understand the above: _____

SIGNATURE AND DATE

OFFICE USE ONLY

Average Percolation: _____ Type of bedrock/feet if any: _____

Special Notes: _____

Septic fees: \$373.00 complete system (\$350.00 septic \$23.00 state fee)

Tank only \$150.00 / Field only \$200.00

Approved : Month _____ Day _____ Year _____ Expires: Month _____ Day _____ Year _____

Six Month Extension: \$150.00 New Expiration Month: _____ Day _____ Year _____

Building Department Signature and Date



PERMIT # _____

PLEASE NOTE: YOU MUST SIGN REGARDLESS OF YOUR KNOWLEDGE OF AN ACTIVE HOMEOWNERS ASSOCIATION.

**TO: APPLICANTS FOR BUILDING PERMITS
RE: COMPLIANCE WITH PROTECTIVE COVENANTS**

AS PART OF YOUR APPLICATION FOR A BUILDING PERMIT IN ELBERT COUNTY, YOU ARE REQUESTED TO CONTACT THE ARCHITECTURAL CONTROL COMMITTEE OR HOMEOWNERS ASSOCIATION, IN YOUR NEIGHBORHOOD AND OBTAIN THEIR APPROVAL OF YOUR PLANS PRIOR TO A BUILDING PERMIT BEING ISSUED. BY SIGNING BELOW, YOU ARE REPRESENTING TO THE COUNTY BUILDING DEPARTMENT THAT TO THE EXTENT THAT SUCH AN ENTITY EXISTS, YOU HAVE MADE CONTACT FOR THE REVIEW AND APPROVAL OF YOUR PLANS. PLEASE BE ADVISED THAT THE COUNTY DOES NOT ENFORCE PROTECTIVE COVENANTS OR POLICE VIOLATIONS OF SUCH COVENANTS. YOU ARE RESPONSIBLE FOR THE NECESSARY COMPLIANCE WITH COVENANCE APPLICABLE TO YOUR PROJECT.

**BILL TANNER
ELBERT COUNTY BUILDING OFFICIAL**

APPLICANTS SIGNATURE

DATE

APPLICANTS PRINTED NAME _____